

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155674		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/01/2011	
NAME OF PROVIDER OR SUPPLIER  ST CHARLES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 ST CHARLES ST JASPER, IN47546			
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F0000	<p>This visit was for the Investigation of Complaint IN00086361.</p> <p>Complaint IN00086361 Substantiated, Federal/State deficiencies are cited at F157, F323, and F514.</p> <p>Survey dates: February 26, 28, and March 1, 2011</p> <p>Facility number: 002628 Provider number: 155674 AIM number: 200299110</p> <p>Survey team: Anne Marie Crays RN TC</p> <p>Census bed type: SNF: 12 SNF/NF: 42 Residential: 30 Total: 84</p> <p>Census payor type: Medicare: 22 Medicaid: 16 Other: 46 Total: 84</p> <p>Sample: 5</p> <p>These deficiencies also reflect state</p>			F0000	<p>The submission of this plan of correction does not indicate an admission by St Charles Health Campus that the findings and allegations contained herein are an accurate and true representation of the quality of care provided to the residents of St Charles Health Campus. This facility recognizes it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. (for Title 18/19 programs) To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	findings cited in accordance with 410 IAC 16.2.  Quality review completed on March 3, 2011 by Bev Faulkner, RN						

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F0157 SS=D	<p>Based on interview and record review, the facility failed to ensure a physician was notified timely of the inability of x-rays to be read and a resident's continued guarding of his leg following a fall, for 1 of 3 residents reviewed for notification, in a sample of 5. Resident D</p> <p>Findings include:</p> <p>1. On 3/1/11 at 10:00 A.M., the Director of Nursing [DoN] provided the current facility policy on "Physician Notification Guidelines," dated 12/6/07. The policy included: "Purpose: To ensure the resident's physician is aware of all diagnostic testing results or change in condition in a timely manner to evaluate condition for need of provision of appropriate interventions for care. Procedure: 1. Resident assessments for change in condition, suspected injury, event of unknown origin or ordered lab and/or other diagnostic tests should be completed in a timely manner. 2. The physician should be notified of critical lab results or an mediate need by phone as soon as the results are known with a response received before the call is completed when possible...Attempts to notify the physician and their response should be documented in the resident record...."</p>			F0157	<p>Resdent D no longer resides in the campus.Completion Date 3-23-2011All other residents have the potential to be affected by the deficient practice and through alterations in processes and in servicing will ensure physician notification.Completion date 3-23-2011All nurses have been in serviced concerning the campus procedure for physician notification guidelines. Systemic change is the nurses will utilize a stamp on x-ray reports to document physician notification.Completion Date 3-23-2011DHS/designee will review 3 random events that require physician notification in clinical daily review to ensure physician notification complete as applicable 5x week for a month then 3x a week x one month then weekly with results forwarded to QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/commentsCompleti n Date 3-23-2011</p>		03/23/2011

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	<p>2. The clinical record of Resident D was reviewed on 2/28/11 at 10:25 A.M. Diagnoses included, but were not limited to, Pathological fracture right proximal femur and Lennox-Gastaut Syndrome Mental Retardation.</p> <p>Nurse's Notes included the following notations:</p> <p>2/5/11 at 1:00 P.M.: "Res [resident] stood up from w/c [wheelchair] [and] witness stated he took step [and] fell to floor, alarm sounding. Upon assessment Res allowed this nurse to do ROM [range of motion] on all 4 extremities [and] they appeared WNL [within normal limits]. No guarding of [right] hip or [right] leg. Res crying [and] appeared scared from the fall. No injuries noted. Body examined...Res placed in bed to rest - given pain med [after] fall for comfort."</p> <p>2/5/11 at 1:30 P.M.: "Family notified of Res fall...."</p> <p>2/5/11 at 4:40 P.M.: "Res mom visiting. While she took res to room to be cleaned up she states that he cried out in pain when she pushed on his [right] hip. Res mother told this nurse that res was in a lot of pain, was experiencing [increased]</p>						

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	<p>agitation et [and] requested that the MD be paged. MD paged. N.O. [new order] for x-ray of bil hips, pelvis, coccyx. [Name of x-ray company] notified. There are no objective s/s [signs or symptoms] of pain. Res visiting [with] mother."</p> <p>2/5/11 at 5:45 P.M.: "Res cont.'s [sic] to visit [with] mother. No objective s/s of pain are noted by this nurse at this time."</p> <p>A "Fall Circumstance, Assessment and Intervention" form indicated, "...2-5-11, 6P-6a, Assessment and data collection completed...Complaints of pain, Md and family notified. Orders followed. X-Ray done this evening. Fall prevention interventions ineffective. Change to: [left blank]..."</p> <p>A "Skilled Nursing Assessment and Data Collection" form, dated 2/5/11 "6p-6a," indicated, "...Pain, Frequency Occasionally, Intensity: Mild, Nonverbal signs: moaning, grimacing..." Documentation of the time of the x-rays being completed, or of physician notification of the x-ray reports was not observed in the clinical record at this time.</p> <p>A "Fall Circumstance, Assessment and Intervention" form indicated, "... 2-6-11,</p>						

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	<p>6A-6P, Assessment and data collection completed...Seen in ER today. Complaints of pain, MD and family notified. Orders followed. [2] Lortab at 1pm. Assessment reveals possible injury...[right] femur...See nursing notes for more info."</p> <p>A "Skilled Nursing Assessment and Data Collection" form, dated 2/6/11 at 7:00 A.M., indicated, "...Pain, Frequency: Constantly, Intensity: severe, horrible/excruciating, Exhibited severe signs of pain, Guarding [right] leg continuously...7:30 AM, CNA's reported resident guarding [right] leg severely this AM during ADL [activities of daily living] care. Noc [night] shift nurse had also reported some guarding last noc. No deformity seen...Resident would not fully extend [right] leg for this nurse. Moaning in pain. Xrays thru [name of x-ray company] were attempted yesterday x 2 [after] fall [without] success: images were blurry [secondary to] resident's inability to remain still. MD notified: N.O. [new order] to send to ER for eval [and] tx [treatment]...Ambulance was called; transported by [ambulance] to [name of hospital]; report called."</p> <p>A portable radiology report, dated 2/5/11, indicated, "...Results: Extreme motion made the exam non diagnostic. Because</p>						

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	<p>of blurring, cannot exclude an acute fracture or evaluate the fixated right hip fracture. Conclusion: Non diagnostic exam. Repeat when able to cooperate...."</p> <p>The report indicated it was faxed to the facility on 2/6/11 at 1:11 A.M.</p> <p>A hospital radiology report, dated 2/6/11 at 8:37 A.M., indicated, "...Acute fracture involving the proximal femoral diaphysis...."</p> <p>On 3/1/11 at 9:45 A.M., during an interview with the Director of Nursing, she indicated she was unsure when the night shift nurse obtained the faxed x-ray report. The DoN indicated she was unsure if the faxed report would have gone to the front office or to the nurse's station. The DoN indicated she would have expected her nurse to notify the physician when she got the report, and tell him that the portable x-rays were inconclusive.</p> <p>This federal tag relates to Complaint IN00086261.</p> <p>3.1-5(a)(1)</p>						

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F0323 SS=D	<p>Based on observation, interview, and record review, the facility failed to provide supervision to a resident identified at risk for falls, and failed to implement effective individualized interventions to prevent falls, for 1 of 3 residents reviewed for falls, in a sample of 5. Resident A</p> <p>Findings include:</p> <p>On 2/26/11 at 10:45 A.M., during the initial tour, the Minimum Data Set [MDS] Coordinator indicated Resident A had fallen recently. The MDS Coordinator indicated Resident A had slid out of his recliner, "because it was slick," and the intervention was to place Dycem (rubber mat) in his recliner. The resident was out of his room at that time. No Dycem was observed in the resident's recliner.</p> <p>The clinical record of Resident A was reviewed on 2/26/11 at 12:25 P.M. Diagnoses included, but were not limited to, Dementia with agitation and Subdural Hematoma.</p> <p>A MDS assessment, dated 1/13/11, indicated Resident A scored a 6 out of 15 on a cognitive test, required extensive assistance of two+ staff for bed mobility and transfer, did not ambulate, and had</p>			F0323	<p>Resident A's plan of care related to risk for falls has been reviewed and updated as necessary and staff have been in serviced on this plan of care. Completion date 3-23-2011 All other residents are at risk to be affected by the alleged deficiency and through alterations in processess and in servicing the campus will ensure that the resident environment remains as free of accident hazards as possible; and each resident receives adequate supervision and assistive devices to prevent accidents. Completion Date 3-23-2011 Nursing staff have been in serviced concerning Fall/Safety Management. Systemic change is the introduction of a new C.N.A. assignment sheet that communicates to the C.N.A. fall and safety interventions. Completion date 3-23-2011 DHS/designee will monitor 3 random residents at risk for falls to assure safety interventions in place as per the plan of care to prevent an accident 5x a week x one month 3x a week x one month then weekly with results forwarded to the QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments Completion date 3-23-2011</p>		03/23/2011

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	<p>fallen in the previous 3 months. A test for balance while moving from seated to standing position, walking, turning around, and surface-to-surface transfer, indicated "Not steady, only able to stabilize with human assistance."</p> <p>A "Fall Circumstance, Assessment and Intervention" form indicated, "Date of fall 1/2/11, Time of fall [1:15 P.M.], Location of fall, In room /beside bed...Found on floor...Resident has cognitive or memory impairment that effects [sic] safety and judgment? [Yes]...Resident has a history of falls in the past three months? [Yes]. Resident requires assistance to transfer? [Yes]...Resident refuses to comply with safety measures such as call light use, alarms, appliances, etc.? [Yes]...Prevention Update, Shorten clip alarm cord...."</p> <p>A "Fall Circumstance, Assessment and Intervention" form indicated, "Date of fall 1/11/11, Time of fall [4:30 A.M.], Found on floor...Activity at time of fall: Getting [up] to turn off alarm et [and] going to BR [bathroom]...Prevention Update, Bed against wall, Have urinal [within] reach...."</p> <p>Nurse's Notes included the following notations:</p>						

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	<p>2/11/11 at 2:25 P.M.: "Resident leaned forward while sitting in his recliner [and] slid out onto floor. No injury. Clip alarm had been sounding which alerted staff to room. Able to help resident back into recliner [after] putting Dycem in chair as intervention. Family aware. MD aware...."</p> <p>2/24/11 at 10:00 A.M.: "Resident found on floor in front of w/c [wheelchair] beside bed. Clip alarm had been notably removed [and] therefore was not sounding. CNA states she had just toileted resident [and] placed clip alarm in center of his back attached to his shirt. Resident denied removing clip alarm. No injury noted...."</p> <p>A Care Plan, initially dated 10/20/10 and updated 2/24/11, indicated a problem of "Falls, At risk for fall/injury AEB [as evidenced by] History of Falls, Potential for fall." Interventions included: "Call light within reach...Remind resident and reinforce safety awareness...Educate/remind resident to request assistance prior to ambulation...1/2/11 shorten cord on clip alarm. 1/11/11 Have urinal in reach. 1/28/11 Sensor alarm in bed, clip alarm in w/c, 2/11/11 Dycem to recliner chair, 2/24/11 Keep telephone within reach -</p>				

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	<p>safety pin clip alarm to clothing."</p> <p>On 2/28/11 at 11:15 A.M., the door to Resident A's room was observed to be closed. When entering, CNA # 1 was observed in the bathroom, CNA # 1 indicated Resident A was sitting on the side of his bed, and had to go to the bathroom. The privacy curtain was pulled, the resident was unable to be seen by the CNA. CNA # 2 entered the room, and a discussion ensued between CNA # 1 and CNA # 2 regarding the resident needing to use the bathroom. CNA # 1 indicated she told the resident to "sit there and don't move." The resident was then observed to be lying sideways, with his legs over the bed, and his body leaning down toward the bed.</p> <p>On 2/28/11 at 2:30 P.M., the DoN indicated staff should not have left a resident at risk for falls unsupervised sitting on the bed.</p> <p>This federal tag relates to Complaint IN00086361.</p> <p>3.1-45(a)(2)</p>						

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F0514 SS=D	<p>Based on interview and record review, the facility failed to ensure documentation was complete regarding staff giving a resident showers twice weekly, for 1 of 4 residents reviewed for documentation of bathing, in a sample of 5. Resident D</p> <p>Findings include:</p> <p>1. On 3/1/11 at 9:25 A.M., the Director of Nursing [DoN] provided the current facility policy on "ADL [activities of daily living] Documentation Guidelines, dated 1/06. The policy included: "...Documentation of the amount of support required and the residents' self performance of activities of daily living should be documented each shift using the Care Tracker system. a. When possible documentation should be completed at the point of service...."</p> <p>2. The clinical record of Resident D was reviewed on 2/28/11 at 10:25 A.M. Diagnoses included, but were not limited to, Pathological fracture of neck of femur and Mental Retardation.</p> <p>A Minimum Data Set [MDS] assessment, dated 12/28/10, indicated the resident required extensive assistance of two + staff for hygiene/bathing.</p>			F0514	<p>Resident D no longer resides in the campus. Completion Date 3-23-2011 All residents have the potential to be affected by the alleged deficient practice and through alterations in processes and in servicing the campus will ensure it maintains a clinical record on each resident in accordance with accepted practices that are complete; accurately documented; readily accessible; and systematically organized. Completion Date 3-23-2011 Nursing staff have been in serviced regarding required documentation of showers. Systemic change is a master shower schedule has been developed and the C.N.A. will initial daily when the shower is complete. Completion Date 3-23-2011 DHS/designee will review the shower documentation for 3 random residents 5x a week x one month then 3x a week x one month then weekly with results forwarded to the QA committee monthly x 6 months and quarterly thereafter for review and further suggestions/comments. Completion Date 3-23-2011</p>		03/23/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155674		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/01/2011	
NAME OF PROVIDER OR SUPPLIER  ST CHARLES HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 3150 ST CHARLES ST JASPER, IN47546			
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	<p>A Care Plan, dated 12/31/10, indicated a problem of "ADL self-care deficit or potential for: decline in func. [functional] status AEB [as evidenced by]: Res [resident] requires assist with ADL's, Needs assistance or is dependent in...Personal Hygiene, Bathing R/T [related to] Disease process...."</p> <p>On 2/28/11 at 1:05 P.M., the MDS Coordinator provided the computerized "ADL Report" for Resident D, dated 12/21/10 through 1/31/11. The report indicated the resident received partial baths 11 times and a bed bath 3 times during this time period. There was no documentation of showers given.</p> <p>On 2/28/11 at 2:30 P.M., during interviews with the Administrator and Director of Nursing, they indicated that Resident D did get showers, but it "must have not been documented."</p> <p>This federal tag relates to Complaint IN00086361.</p> <p>3.1-50(a)(1)</p>						



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